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Certificate of Mailing Transmission (37 C.F.R. § 1.8(a))

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Date October 26, 2000

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Name of Person Certifying Carol M. Gruppi

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USPTO CENTER 1600/2800

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

Applicant: Cabot et al.,

Assignee: John Wayne Cancer Institute

Serial No.: 09/439,293

Examiner: J. Zara

Filing Date: November 12, 1999

Group Art Unit: 1635

Title: Methods of Reversing Drug Resistance in Cancer Cells

Assistant Commissioner for Patents
Washington, D.C. 20231

RESPONSE & FEE TRANSMITTAL

Sir:

In response to the Office Action mailed on June 5, 2000, enclosed herewith for filing are the following:

- An Amendment Under 37 CFR § 1.111 [8] page(s)

Also included are:

- A Petition for Extension of Time [3] months [2] page(s)

- Other:

1. Paper Copy of Sequence Listing (1 page) (Exhibit A);
2. Computer Readable Form of Sequence Listing (1disk) (Exhibit B)
3. Statement (1 page) (Exhibit C)

- Return Postcard

Fee Calculation							
<input checked="" type="checkbox"/> The following fees are submitted:						CALCULATIONS	
EXTRA CLAIMS FEE				OTHER THAN SMALL ENTITY	SMALL ENTITY	\$	
CLAIMS	CURRENT #	# OF CLAIMS PREVIOUSLY PAID	# EXTRA	RATE	RATE		
Total Claims	16-	20	0	× \$18.00	× \$9.00	\$0.0	
Independent claims	3-	3	0	× \$80.00	× \$40.00	\$0.0	
MULTIPLE DEPENDENT CLAIM(S)							
				<input type="checkbox"/> Yes	<input type="checkbox"/> No		\$270.00
Petition for Extension of Time Fee (3 months)						\$445.00	
OTHER FEES _____ (specify)						\$	
						TOTAL FEES =	\$445.00

- Conditional Petition for Extension of Time: An extension of time is requested to provide for timely filing if an extension of time is still required after all papers filed with this communication have been considered.
- A check in the amount of \$ _____ to cover the above fees is enclosed.
- Please charge Deposit Account No. 50-1189, Docket No. 21144-706, in the amount of \$445.00 to cover the above fees. *A duplicate copy of this sheet is enclosed.*
- The Commissioner is hereby authorized to charge any additional fees which may be required, or credit any overpayment to Deposit Account No. 50-1189, Docket No. 21144-706. *A duplicate copy of this sheet is enclosed.*

Respectfully submitted,

By: Carol M. Gruppi

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